

FORM TO BE USED BY A PRISONER IN FILING A CIVIL RIGHTS COMPLAINT

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

FILED
SCRANTON

MAY 26 2023

PER [Signature]
DEPUTY CLERK

(1) ENIO ZARAGOZA 093127
(Name of Plaintiff) (Inmate Number)
0-5 calle Guacabo Caguas P.R.
(Address) 00727

(2) _____
(Name of Plaintiff) (Inmate Number)

(Address)

(Each named party must be numbered,
and all names must be printed or typed)

vs.

CIVIL COMPLAINT

(1) Central Booking
(2) Dauphin County Prison.
(3) _____
(Names of Defendants)

(Each named party must be numbered,
and all names must be printed or typed)

TO BE FILED UNDER: ☒ 42 U.S.C. § 1983 - STATE OFFICIALS

☐ 28 U.S.C. § 1331 - FEDERAL OFFICIALS

I. PREVIOUS LAWSUITS

A. If you have filed any other lawsuits in federal court while a prisoner, please list the caption and case number including year, as well as the name of the judicial officer to whom it was assigned:

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES

In order to proceed in federal court, you must fully exhaust any available administrative remedies as to each ground on which you request action.

- A. Is there a prisoner grievance procedure available at your present institution? ☒ Yes ☐ No
- B. Have you fully exhausted your available administrative remedies regarding each of your present claims? ☒ Yes ☐ No

C. If your answer to "B" is Yes:

1. What steps did you take? I wrote request slips, went through all the ADMINISTRATIVE steps all the way to the Grievance
2. What was the result? They denied it putting all the blame on Prime care

D. If your answer to "B" is No, explain why not: _____

III. DEFENDANTS

- (1) Name of first defendant: Enio Zaragoza
- Employed as Prisoner at Dauphin County Prison
- Mailing address: _____
- (2) Name of second defendant: _____
- Employed as _____ at _____
- Mailing address: _____
- (3) Name of third defendant: _____
- Employed as _____ at _____
- Mailing address: _____

(List any additional defendants, their employment, and addresses on extra sheets if necessary)

IV. STATEMENT OF CLAIM

(State here as briefly as possible the facts of your case. Describe how each defendant is involved, including dates and places. Do not give any legal arguments or cite any cases or statutes. Attach no more than three extra sheets if necessary.)

1. Medical denial at Central Booking because
is not a residential
- _____
- _____

2.

3.

V. RELIEF

(State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.)

1.

2.

3.

I declare under penalty of perjury that the foregoing is true and correct.

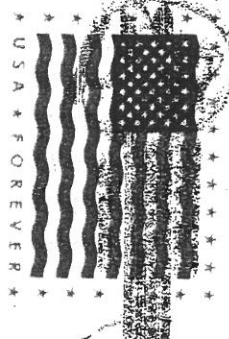
Signed this _____ day of _____, 20____.

(Signature of Plaintiff)

NAME Civil 24AAG02A
D.C.P.# 093127
DAUPHIN COUNTY PRISON
501 MALL ROAD
HARRISBURG, PA 17111-1299

HARRISBURG PA 171

MAY 2023 PM 4



RECEIVED
SCRANTON

MAY 26 2023

PER

DEPUTY CLERK

18501-114948

U.S. District Court
Middle District of P.A.
235N. Washington Ave.
P.O. Box 1148
Scranton, PA 18501